PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
County of Jula	BUREAU OF WELL
District of	
Town of Sloke	
or City of	Local Registrar's No
Sky si	(No
FULL NAME OF CHILD	diea aslando Born YES
	al Report on blank obtainable from local registrar. Alive
Sex of Twin, Child Triplet or other	and Number Legiti- up Date of Por 29 191 3' (Month) (Day) (Yr)
Full FATHER Cart	Full Mother 4
Residence Cellola Ce	Name Pherora Translo. Residence ell 15
Color or Race C Age at last Birthday	or Race
Birthplace Cl. #	Birthplace (Years)
Occupation Occupation	Occupation Mex
tuner.	Housewife.
Number of child of this mother	en, of this mother, now living
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth o	f above child; and that it occurred on 1129 1911, at 2 50 M.
cian or midwife, then the householder should make this return.	(Signature) C. T. Sterage
Given or christian name added from a	(Attending physician, midwife, householder.*)
supplemental report191	Filed Wee 151915 By Jay
COUNTY REGISTRAR.	Filed aud 191 DA True Copy 18 9 5 04
	COUNTY REGISTRAR.

OCT 8 1930

the number of each, in order of birth, stated. This certificate must be filled by the attending Physician or Midwife with each local Registrar within 5 days after birth.